

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000215316

**Entity Name:** BRADENTON PALMS LLC**Current Principal Place of Business:**2309 MANATEE AVE. WEST  
6  
BRADENTON, FL 34205**Current Mailing Address:**20 WHISPERINGSANDS DR.  
502ST  
SARASOTA, FL 34242 US**FEI Number:** 82-3775642**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCNAMARA, THOMAS P SR.  
20 WHISPERINGSANDS DR.  
502ST  
SARASOTA, FL 34242 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** THOMAS P MCNAMARA SR

01/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	MCNAMARA, THOMAS P SR.
Address	20 WHISPERINGSANDS DR., #502ST
City-State-Zip:	SARASOTA FL 34242
Title	MGR
Name	MCNAMARA, MARIE
Address	20 WHISPERING SANDS DRIV 502ST
City-State-Zip:	SARASOTA FL 34242
Title	MGR
Name	THOMAS P. MCNAMARA AND MARIE D. MCNAMARA LIVING TRUST DATED OCT. 23, 2018
Address	20 WHISPERING SANDS DRIVE #502ST
City-State-Zip:	SARASOTA FL 34242

Title	TRUSTEE
Name	MCNAMARA, MARIE
Address	20 WHISPERING SANDS DRIVE #502ST
City-State-Zip:	SARASOTA FL 34242
Title	TRUSTEE
Name	MCNAMARA, THOMAS P SR.
Address	20 WHISPERING SANDS DRIVE #502ST
City-State-Zip:	SARASOTA FL 34242

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS MCNAMARA**MANAGER**

01/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date